

DEPARTMENT OF GAME AND INLAND FISHERIES- CLIENT SERVICES P.O. BOX 9930, HENRICO, VA 23228-9930

TELEPHONE: (866) 721-6911 WEBSITE: WWW.DGIF.VIRGINIA.GOV

REPORT OF A STOLEN BOAT / MOTOR / TRAILER

BOAT OWNER: Use this form to report the theft of a Boat, Boat Motor, or Boat Trailer.

You are required by law to report the theft of a watercraft to this Department within 15 days.

If you have not reported the theft to another law enforcement agency in your jurisdiction, a law enforcement officer of the Department may contact you. This officer will complete a police report and insure that your theft is reported to the Virginia Criminal Information Network.

OWNER INFORMATION	SSN or FIN:			
NAME	First:	MI:	Last:	
ADDRESS	Street:			
	City:	State:	Zip:	
PHONE	Home: ()	,	Work: ()	
	nome. ()			
BOAT INFORMATION	TION Registration Number: (e.g., VA 4696 AF):			
	Hull ID Number: (e.g."ABC45678A788"):			
		,		
MOTOR 1	Type (check one) Outboard	Inl	board \square	Lower Unit
	Make:		rial #:	
	Model:	Mo	odel Year:	Horsepower:
MOTOR 2	Type (check one) Outboard	Inl	board \square	Lower Unit
	Make:		rial #:	_
	Model:	Me	odel Year:	Horsepower:
TRAILER			Serial #:	
	Model:	Me	odel Year:	Number of Axles:
LOCATION OF THEFT				
ADDRESS				
ADDRESS	City /County: State:			
	City/County.		State.	
СНЕСК	□AAAVjku"ku"vjg"qpn{"tgrqtv"K"jcxg"ocfg"qh"vjg"vjghv.			
ONE	K"jcxg"hkngf"c"rqnkeg"tgrqtv"qh"vjku"vjghv"vq"vjg"hqnnqykpi"Ujgtkhhøu"QhhkegËARqnkeg"Fgrctvogpv." """"qt"Qvjgt"Ncy"Gphqtegogpv"Cigpe{0"			
	Fgrwl'qt"Cigpe{<			
	Fcvg"Tgrqtvgf<	Tgrqtv"%"qt"Qhhke	gt"Vcmkpi"Tgrqtv<	
D 4 CT1 64		Tr•	CTI C	
Date of Theft:		Time	of Theft:	
I certify under penalty of perjury that I am the owner of the watercraft, motor(s) and or trailer described and further certify that the description thereof and all other matters stated herein are true and correct. (As required by § 29.1-702.1 Code of Virginia.)				
Signature of Owner(s)	X		DATE	
	X		DATE	